recommend it to all paediatricians at every level.

PHILIP G REES

Concepts in Pediatric Neurosurgery. I. Edited by The American Society for Pediatric Neurosurgery. (Pp. 235 incl. index; illustrated+tables. Sw fr 190, $114·00 hardback.) Karger: Basel. 1981.

This is the first of a proposed series of research monographs to be published for the American Society for Pediatric Neurosurgery; 17 diverse papers review studies which sometimes concern rather small numbers of cases. The most substantial is by Raimondi and Tomita on 332 cases of intracranial tumour in children. This is useful and largely uncontroversial but it suggests that medulloblastomas should be treated by routine preliminary shunting, local radiotherapy only, and no cytotoxic agents. There are useful reviews and reports on series of vascular malformations of the brainstem, extradural haematomas, meningomyeloceles, and intermittent catheterisation for urinary incontinence (from Toronto, Chicago, Atlanta, and Indianapolis). Also from Toronto, comes a report of the current contribution of stereotactically controlled third ventriculostomy in the management of the hydrocephalus of aqueduct stenosis or the Dandy Walker syndrome; a case is made for its use as the first, not last, resort in selected cases in infancy who may thus be spared the hazards of shunting. There are papers on the interventional radiology of arteriovenous malformations, the ultrastructure of subdural membranes, and various technical surgical matters. McCullough and Wells take an aggressive view of the prevention of hydrocephalus after intraventricular haemorrhage in 'premature' infants by repeated lumbar drainage of blood-stained cerebrospinal fluid. Most readers will find some ammunition for debates with their neurosurgical colleagues and much to disagree with themselves.

DAVID GARDNER-MEDWIN

Febrile Seizures. Edited by K B Nelson and J H Ellenberg. (Pp. 378 incl. index; illustrated+tables. $51·68 hardback.) Raven Press: New York. 1981

This is the record of a Consensus Development Conference held at the National Institutes of Health, Bethesda, Maryland, USA 18–21 May 1980. The conference plan was that experts on the subject of febrile convulsions should present their views in formal papers, an attempt being made by the organisers to ensure that disparate views would be represented. The papers were followed by formal discussion led by named participants and then by free open discussion. A Consensus Development Panel consisting of 10 people, each one an expert in a field relevant to febrile convulsions but without an axe to grind on the issue, would then examine the evidence presented and 'working into the early hours of the morning' reach a verdict. It is predictable that this sort of scientific democracy will produce a modal opinion deviating little, if at all, from current widely accepted practice. Such a plan will define safe, 'straight down the middle', acceptable opinion but it would be surprising if it were to result in that leap in understanding which can only be achieved at an individual level. Presumably if 10 people were to consider any issue together their grasp of the issue, if it were measurable, would have a mean and a distribution around the mean. The consensus would represent the mean but the best understanding would be that which deviated most from the mean in one direction, the worst that which deviated most in the opposite direction; the difficulty lies in deciding on which side of the mean lies the right road.

Six questions were considered at the conference: What is a febrile seizure? What are the risks facing the child who has a febrile seizure? What can chronic or intermittent prophylaxis accomplish in reducing those risks? What are the potential risks of prophylaxis using the available forms of therapy? (the thought of using unavailable forms of therapy intrigues me!). What is a rational approach to management of children with febrile seizures, and which children should be considered for prophylaxis? Are further clinical, experimental, or epidemiological studies necessary?

Febrile seizures are defined by J Gordon Millichap as 'an event in infancy or childhood, usually occurring between 3 months and 5 years of age, associated with fever but without evidence of intracranial infection or defined cause. Seizures with fever in children who have suffered a previous non-febrile seizure are excluded. Febrile seizures are to be distinguished from epilepsy, which is characterised by recurrent non-febrile seizures'. Nothing here about 'simple febrile convulsions' and 'epilepsy precipitated by fever'. The Livingstonian concept dies hard in this country and, despite the fact that it is unsupported by any recent evidence, it is still widely taught in our university departments of paediatrics; isn't it time it was given a decent burial?

This is essential reading for all paediatricians and anybody with an interest in febrile convulsions. As might be expected the editors' views are widely represented. Dr Nelson contributes a carefully reasoned chapter on 'Can treatment of febrile seizures prevent subsequent epilepsy?' Although she is careful to say that there is no evidence to answer this question with 'yes' or 'no' it is obvious that she believes the answer to be 'no'. However, her reasoning seems to have reached some fairly unreceptive left temporal lobes at the conference since the Consensus Development Panel, in true committee fashion, decided to play it both ways by first saying that 'there is no evidence that prophylaxis reduces the risk of non-febrile seizures' and then going on to recommend as reasons for prophylaxis those factors which are associated with an increased risk of developing non-febrile seizures. No less an authority than Sidney Carter puts forward the argument that prophylaxis should be given because there is no evidence that it doesn't prevent epilepsy; such an argument could be used, and no doubt has been, to justify any quack medicine which ever existed and it is a form of reasoning which should have no place at such a conference.

In a short review it is impossible to cover the wide range of subjects discussed and opinions expressed in the book. Although there is an emphasis on clinical aspects of febrile convulsions and the place of prophylaxis, subjects such as epidemiology, animal experimentation, and clinical and experimental toxicology (including behavioural studies) are given due coverage. The question of when to perform a lumbar puncture is sensibly discussed and so is the question of whether or not to ask for skull *x*-ray films—a non-question to most British paediatricians.

Attempts to foresee future advances in the management of febrile convulsions are ignored. Recently enthusiasm for embarking on fresh trials of anticonvulsant prophylaxis has virtually disappeared in most quarters and a trial designed to show whether or not prophylaxis can